

980 - PERFORMANCE IMPROVEMENT PROJECTS

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I. PURPOSE

This Policy applies to AHCCCS Complete Care (ACC), ALTCS E/PD, DCS/CMDP (CMDP), DES/DDD (DDD), and RBHA Contractors. This Policy delineates the purpose, design and implementation of required Performance Improvement Projects (PIPs).

II. DEFINITIONS

AHCCCS QUALITY IMPROVEMENT (QI) TEAM	AHCCCS staff who evaluates Contractor Quality Management/Performance Improvement (QM/PI) programs; monitors compliance with required quality/performance improvement standards, Contractor Corrective Action Plans (CAPs) and Performance Improvement Projects (PIPs); and provides technical assistance for QM/PI related matters.
BENCHMARK	The process of comparing a practice's performance with an external standard to motivate engagement in quality improvement efforts and understand where performance falls in comparison to others. Benchmarks may be generated from similar organizations, quality collaboratives, and authoritative bodies.
GRIEVANCE	A member's expression of dissatisfaction with any matter, other than an adverse benefit determination.
MEASURABLE	The ability to determine definitively whether or not a quantifiable objective has been met, or whether progress has been made toward a positive outcome.
METHODOLOGY	The planned documented process, steps, activities or actions taken by a Contractor to achieve a goal or objective, or to progress towards a positive outcome.
MONITORING	The process of auditing, observing, evaluating, analyzing and conducting follow-up activities, and documenting results via desktop or on-site review.
OBJECTIVE	A measurable step, generally one of a series of progressive steps, to achieve a goal.

OUTCOMES	Changes in patient health, functional status, satisfaction or goal achievement that result from health care or supportive services.
PERFORMANCE IMPROVEMENT/QUALITY IMPROVEMENT	The continuous study and improvement of processes with the intent to better services or outcomes, and prevent or decrease the likelihood of problems, by identifying areas of opportunity and testing new approaches to fix underlying causes of persistent/systemic problems or barriers to improvement.
PERFORMANCE IMPROVEMENT PROJECT (PIP)	A planned process of data gathering, evaluation and analysis to determine interventions or activities that are projected to have a positive outcome. A PIP includes measuring the impact of the interventions or activities toward improving the quality of care and service delivery.
PLAN-DO-STUDY-ACT (PDSA) CYCLE	A scientific method for testing a change or intervention, designed to result in improvement in a specific area. The cycle is completed by planning the change/intervention, trying it, observing the results, and acting on what is learned. When these steps are conducted over a relatively short time period; i.e. over days, weeks or months, the approach is known as Rapid Cycle Improvement.
PLAN-DO-STUDY-ACT (PDSA) METHOD	A four step model to test a change that is implemented. Going through the prescribed four steps utilizing one or more PDSA Cycles guides the thinking process into breaking down the task into steps and then evaluating the outcome, improving on it, and testing again.
QUALITY	As specified in 42 CFR 438.320, it pertains to external quality review, means the degree to which an MCO increases the likelihood of desired outcomes of its members through: <ol style="list-style-type: none">1. Its structural and operational characteristics,2. The provision of services that are consistent with current professional, evidenced-based-knowledge, and3. Interventions for performance.

**STATISTICALLY
SIGNIFICANT**

A judgment of whether a result occurs because of chance. When a result is statistically significant, it means that it is unlikely that the result occurs because of chance or random fluctuation.

There is a cutoff for determining statistical significance. This cutoff is the significance level. If the probability of a result (the significance value) is less than the cutoff (the significance level), the result is judged to be statistically significant.

VALIDATION

The review of information, data, and procedures to determine the extent to which they are accurate, reliable, free from bias and in accord with standards for data collection and analysis.

III. POLICY

AHCCCS mandates that Contractors participate in PIPs selected by AHCCCS. Contractors also may select and design, with AHCCCS approval, additional PIPs specific to needs and data identified through internal surveillance of trends. AHCCCS-mandated PIP topics are selected through analysis of internal and external data/trends and may include Contractor input. Topics take into account comprehensive aspects of member needs, care and services for a broad spectrum of members or a focused subset of the population including those members with special health care needs or receiving Long Term Care Services and Supports (LTSS) (42 CFR 438.330).

AHCCCS may also mandate that a PIP be conducted by a Contractor or group of Contractors, according to standardized methodology developed by AHCCCS.

The Centers for Medicare and Medicaid Services (CMS) may, in consultation with States and other stakeholders, specify standardized performance measures and topics for PIPs for inclusion alongside of State-specified PMs and PIP topics in State contracts (42 CFR 438.330(a)(2)). Contractors are required to participate in performance measures and PIPs mandated by CMS.

A. PERFORMANCE IMPROVEMENT PROJECT DESIGN

Contractors are required to conduct performance improvement projects, including any PIPs required by CMS that focus on both clinical and non-clinical areas.

1. PIPs are designed to correct significant system problems and/or achieve significant improvement in health outcomes and member satisfaction, that is sustained over time, through the:
 - a. Measurement of performance using objective quality indicators,
 - b. Implementation of interventions to achieve improvement in access to and quality of care,
 - c. Evaluation of the effectiveness of the interventions based on the PMs, and
 - d. Planning and initiation of activities for increasing or sustaining improvement. (42 CFR 438.330(d)(2)).

2. Clinical focus topics may include:
 - a. Primary, secondary, and/or tertiary prevention of acute conditions,
 - b. Primary, secondary, and/or tertiary prevention of chronic conditions,
 - c. Primary, secondary, and/or tertiary prevention of behavioral health conditions,
 - d. Care of acute conditions,
 - e. Care of chronic conditions,
 - f. Care of behavioral health conditions,
 - g. High-risk services, and
 - h. Continuity and coordination of care.
3. Non-clinical focus topics may include:
 - a. Availability, accessibility and adequacy of the Contractor’s service delivery system,
 - b. Cultural competency of services,
 - c. Interpersonal aspects of care (i.e. quality of provider/member encounters), and
 - d. Appeals, grievances, and other complaints.
4. PIPs are developed according to 42 CFR 438.330, *Quality Assessment and Performance Improvement Program*. The protocol for developing and conducting AHCCCS-mandated PIPs is found in Attachment A. Contractors who select, design, and implement additional PIPs shall adhere to (align with) the protocol outlined in , Attachment A.

B. DATA COLLECTION METHODOLOGY

Evaluation of the Contractor’s performance on the selected measures will be based on systematic, ongoing collection and analysis of accurate, valid and reliable data, as collected and analyzed by AHCCCS.

The Contractor’s methodology (including project indicators, procedures, and timelines) shall align with the guidance and direction provided for all AHCCCS-mandated PIPs. In addition, the Contractor is to include internal rates and results, used as the basis for analysis (both quantitative and qualitative) and selection/modification of interventions, within the Contractor’s annual PIP Report submissions.

Contractors may be directed to collect all or some of the data used to measure performance. In such cases, the Contractor shall have qualified personnel collect data and the Contractor must ensure inter-rater reliability if more than one person is collecting and entering data. Contractors must submit specific documentation to verify that indicator criteria were met.

C. MEASUREMENT OF SIGNIFICANT IMPROVEMENT

1. Contractors are expected to implement interventions to meet a benchmark level of performance for any PIP. This benchmark level is defined in advance by AHCCCS for all AHCCCS-mandated PIPs. For more information, refer to the Agency for Healthcare Research and Quality website at www.ahrq.gov.

2. The Contractor shall initiate interventions that result in significant improvement, sustained over time, in its performance for the quality indicators being measured. Improvement must be evidenced in repeated measurements of the quality indicators specified for each PIP undertaken by the Contractor.
3. A Contractor will have demonstrated significant improvement when:
 - a. It meets or exceeds the AHCCCS overall average for the baseline measurement, if its baseline rate was below the average and the increase is statistically significant. For more information on statistical significance, see the Watson Analytics guide at www.ibm.com,
 - b. It shows a statistically significant increase, if its baseline rate was at or above the AHCCCS overall average for the baseline measurement, or
 - c. It is the highest performing (benchmark) plan in any re-measurement and maintains or improves its rate in a successive measurement.
4. The Contractor will have demonstrated sustained improvement when it:
 - a. Establishes how the significant improvement can be reasonably attributable to interventions undertaken by the Contractor (i.e. improvement occurred due to the project and its interventions, not another unrelated reason), and
 - b. Maintains, or increases, the improvements in performance for at least one year after the improvement in performance is first achieved.

D. PERFORMANCE IMPROVEMENT PROJECTS TIMEFRAMES

1. AHCCCS-mandated PIPs begin on a date that corresponds with a contract year. Baseline data is collected and analyzed at the beginning of the PIP. AHCCCS may provide baseline data by Contractor and include additional data by age, race, sex, ethnicity, and/or geographic area, which may assist Contractors in refining interventions.
2. During the first year of the PIP, the Contractor shall implement interventions to improve performance based on an evaluation of barriers to care/use of services and evidence-based approaches to improving performance. Intervention may consider any unique factors such as its membership, provider network, or geographic area(s) served.
3. Contractors shall utilize the PDSA Method to test changes (interventions) quickly and refine them, as necessary. It is expected that this process will be implemented in as short a time frame, as practical, based on the PIP topic. It is expected that the Contractor will utilize several PDSA cycles within the PIP lifespan. Each PDSA Cycle is to be included within the Contractor’s Annual and Final PIP Report submissions. For more information, see the Agency for Healthcare Research and Quality website at www.ahrq.gov and refer to AMPM Policy 970 for a further description of the PDSA Cycle.
4. AHCCCS will conduct annual measurements to evaluate Contractor performance, and may conduct interim measurements, depending on the resources required to collect and

- analyze data. The Contractor shall include internal annual measurements/rates and results, used as the basis for analysis (both quantitative and qualitative) and selection/modification of interventions, within the Contractor’s annual PIP Report submissions.
5. A Contractor’s participation in the PIP shall continue until demonstration of significant and sustained improvement is shown as outlined above.

E. PERFORMANCE IMPROVEMENT PROJECTS REPORTING REQUIREMENTS

1. Contractors shall report to AHCCCS annually, the following elements, as appropriate to the report year (baseline, intervention, re-measurement, or final):
 - a. Project Topic – Description, Rationale, and Aim Statement,
 - b. Methodology – Project Indicators, Procedures, and Timeline,
 - c. Interventions – Baseline Interventions, Barrier Analyses, Interventions Planned and Implemented, and PDSA Phases
 - d. Results – Internal Rates/Results and AHCCCS Rates,
 - e. Discussion – Discussion of Results and Limitations, and
 - f. Next Steps – Lessons Learned and System-Level Changes Made and/or Planned.

Contractors shall submit an annual PIP Report for baseline, intervention, and each subsequent re-measurement year. Contractors shall utilize Attachment B to submit annual reports, which are due with the Contractor’s Quality Management/Performance Improvement (QM/PI) Program Annual Plan or as requested by AHCCCS. Submitted reports shall contain internal data reflective of the Contractor’s performance during the current reporting period, as well as any AHCCCS provided rates reflective of previous reporting periods. Contractors shall submit a final PIP Report, as specified in Contract, following the year in which significant and sustained improvement is demonstrated; the final report must include AHCCCS official data.